

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: NEW MEXICO

ELIGIBILITY CONDITIONS AND REQUIREMENTS

Enforcement of Compliance for Nursing Facilities

Temporary Management: Describe the criteria (as required at §1919(h)(2)(A)) for applying the remedy.

X Specified Remedy

(Will use the criteria and notice requirements specified in the regulation.)

 Alternative Remedy

(Describe the criteria and demonstrate that the alternative remedy is as effective in deterring non-compliance. Notice requirements are as specified in the regulations.)

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| STATE <u>New Mexico</u> | A |
| DATE REC'D <u>SEP 26 1995</u> | |
| DATE APPL'D <u>OCT 27 1995</u> | |
| DATE EFF <u>JUL 01 1995</u> | |
| HCFA 179 <u>95-13</u> | |

TN No. 95-13
Supersedes _____
TN No. _____
Approval Date: OCT 27 1995 Effective Date: JUL 01 1995